



14-29-05

IFW/JR

Mail Stop Amendment

**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

		Application Number	10/729,404
		Filing Date	December 5, 2003
		Confirmation Number	9586
		Inventor(s)	ORR et al.
		Group Art Unit	2855
Express Mail Label No.: EL 997386037 US		Examiner	Jenkins, J.
Total Number of Pages in This Submission: 15		Attorney Docket No.	01-40 D1

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input type="checkbox"/> Fee Attached <input type="text" value="\$"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____	<input type="checkbox"/> Other Enclosure(s): _____	
Number of Figs. _____ and cover sheet		
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

**Current Due Date:** April 28, 2005 (one month extended)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	April 28, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 28, 2005,  
Express Mail Label No. EL 997386037 US.

Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature		Date	April 28, 2005



## Certificate of Mailing by "Express Mail"

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Date of Deposit

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A handwritten signature in black ink that reads "Michael W. Haas".

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".

APR 28 2005

PATENT &amp; TRADEMARK OFFICE

**FEE TRANSMITTAL**

(Effective 12/08/2004)

"Express Mail" Label No. EL 997386037 US

**TOTAL AMOUNT OF PAYMENT** \$ 120.00

Application Number	10/729,404
Filing Date	December 5, 2003
First Named Inventor	ORR et al.
Confirmation Number	9584
Group Art Unit	2855
Examiner's Name	Jenkins, J.
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<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="50-0558"/></p> <p>Deposit Account Name <input type="text" value="Respironics, Inc."/></p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17, 1.19 and 1.20      <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p>		<p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).</p> <table border="1"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> <tr> <td>-100 =</td> <td>/50 =</td> <td>(round up to a whole number)</td> <td>X 250 =</td> <td></td> </tr> </table> <p><b>4. 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**SUBMITTED BY**

Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature		Date	April 28, 2005	Deposit Account Number	50-0558